

Health Promotion Activities Plan

Name of Individual:

Health Concern/Issue * (Diagnosis)	Autism Spectrum Disorder (ASD)
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood Neurodevelopmental
What is it? (Provide definition)	ASDs are a group of neurodevelopmental disorders that appear in early childhood. About 31-50% of individuals with ASD may have an Intellectual Disability (ID). Cause is unknown..
Signs and Symptoms (general)	Level of ID varies. Frequent mental health and/or behavioral problems such as Depression and Anxiety, Obsessive-Compulsive Disorder &, Attention Deficit Disorder may be present as well as biting, self-stimulation, & repeating words. There is an increased risk of Seizures (6-30%), Apraxia and Coordination problems, Digestive problems, Sensory concerns, Sleep disorders, Dental issues & Immune Deficiencies/frequent infections.
Signs and Symptoms (specific to the person):	
Promotion/strategy support required * List very specific steps that the individual and/or caregivers use to support the person's health condition. Include information about monitoring health status. Who is called for changes/ problems in this person's health condition? What is tracked, where it can be found, and who follows up on documentation required for this health condition? Who provides what training for the person and staff about the health condition and when?	<ul style="list-style-type: none"> ➤ Observe for an increase in, or a change in signs and symptoms as above. Report any changes to <u>(title of person in agency who is responsible to receive this information)</u>. ➤ <u>Include any specific instructions from the treating physician.</u> ➤ Documentation about this condition can be found in the medical record under <u>(list section here)</u>. ➤ Receive training regarding this diagnosis and plan of care (include when to notify the physician) by <u>(title of person who provides medical training)</u> at least <u>(indicate frequency of training)</u> or as changes occur. This should be documented for all staff in the home.
Frequency of support *	<i>Fill in what physician (e.g. primary care physician, neurologist) treats this condition and how often the person is seen.</i>
Desired outcome *	Any changes in physical or mental status will be noted and evaluated.
Person/agency responsible *	<u>(Name of person)</u> , caregivers, agency nurse, primary care physician, <u>(specialist, if applicable)</u> <small>(The responsible parties may vary according to your agency; please place specific roles in this section. Some other examples might be health care coordinator, program specialist, house manager.)</small>

* FIELDS FOUND IN THE HEALTH PROMOTION SECTION OF THE ISP